

# Hourly Distribution

## Crisis Intervention Team Training 8 hours

OCT 13, 14, 18, 2011

### Lesson 1.0 – Introduction

1.1 Introduction and training goals 0800-0815

1.2 Community and Law Enforcement Expectations and Standards 0815-0835

1.3 Pre-Test 0835-0850

Break 0850-0900

Lesson 2.0- Mental Illness Overview 0900-0950

Break 0950-1000

Lesson 2.1 – Thought Disorders – Schizophrenia 1000-1030

Lesson 2.2 – Mood Disorders – Bi-Polar Disorder 1030-1100

Break 1100-1110

Lesson 2.3 – Mood Disorders – Major Depression 1110-1140

Lesson 2.4 – Treatment Options (Medications) 1140-1200

Lunch 1200-1300

Lesson 3.0 – Field Contacts with the Mentally Ill 1300-1350

Break	1350-1400
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Lesson 3.1 – De-Escalation Techniques	1400-1450
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Break	1450-1500
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Lesson 3.2 – Field Tactics and Officer Safety	1500-1550
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Break	1550-1600
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Lesson 4.0 – Review and Post-Test	1600-1650
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# **Expanded Course Outline for Crisis Intervention Team Training**

## **Lesson 1- Introduction**

### **1.1 Introduction**

- A. Introduction of course facilitators and participants
- B. Crisis Intervention Training objectives
  - 1. Improve understanding, judgment, competence and safety
  - 2. Improve communication skills
  - 3. Improve ability to identify and appropriately respond to individuals with mental health and/or developmental disabilities.
  - 4. Increase awareness of local resources

### **1.2 Why this training is important**

- 1. Officers will encounter someone with these disabilities
- 2. Enhance safety of officers and community members
- 3. Improve management of high risk encounters
- 4. Improve ability to access resources

### **1.3 Pre-test**

## **Lesson 2-Mental Illness Overview**

- A. Defined as a medical (organic) illness or disease
- B. Characteristics of a mental illness
- C. Disturbances of mood
  - 1. Emotional “flatness”
  - 2. Inappropriate emotion
  - 3. Fluctuating moods
  - 4. Intensity of emotions
- D. Disturbance in thought
  - 1. Disorganized thought patterns
  - 2. Hallucinations
  - 3. Delusional thinking

### **Lesson 2.1- Schizophrenia**

- A. Definition of schizophrenia
- B. Symptoms

1. Delusions
2. Hallucinations
3. Paranoia - Concrete and disorganized thinking patterns

## **Lesson 2.2 – Bi Polar Disorder**

- A. Bipolar Disorder
- B. Definition
- C. Symptoms
  1. Elevated Mood
  2. Agitation
  3. Reduced need for sleep
  4. Poor judgment
  5. Distractibility
  6. Mood Swings
  7. Pressured speech

## **Lesson 2.3 - Major Depression**

- A. Definition
- B. Symptoms of depression
  1. Emotional
    - a. Sadness
    - b. Hopelessness, helplessness
    - c. Sense of worthlessness
    - d. Irritability at times, especially in children
  2. Cognitive
    - a. Poor concentration
    - b. Difficulty with memory
  3. Behavioral
    - a. Loss of interest in pleasurable activities
    - b. Sleep disturbance
    - c. Change in appetite

## **Lesson 2.4 - Treatment options for Mental Illness**

- A. Medications
  1. Anti-anxiety medications
  2. Anti-depressants
  3. Anti-psychotics
  4. Seizure medications

5. Anti-mania medications

B. Medication Side Effects

1. Permanent side effects
2. Weight gain/loss
3. Loss of libido
4. Tardive dyskinesia (involuntary movements, tics, grimaces etc.)
5. Changes in personality (e.g. emotional reception/expression, etc.)

**Lesson 3.0 - Field Contacts with the Mentally Ill**

A. Have Nots - Poor & mostly homeless

B. Can Nots - Inability to conform due to mental illness

C. Will Nots - Refuse, per personal lifestyle choice (e.g. personality disorders), to conform to standards/demands

D. Field observations of behaviors and symptoms

1. Consciousness
2. Activity
3. Speech
4. Thought Process

**Lesson 3.1 – Officer Safety**

A. Why do we do this training?

B. Avoid injuries to officers and consumers

C. Avoid stigmatizing persons with Mental Illness

D. Provide Suicide Assessment

E. Homeless

1. One third of all homeless have a serious mental illness

F. What you don't know (or consider) can hurt you

1. Demeanor
2. Environment
3. Awareness of you as an officer
4. Danger Signs

G. Using correct tactics and making the right decisions can save a persons life

H. Thirty-Second Assessment

1. Do they know you are the police
  2. Can they see (or visually focus on) you...
  3. Can they hear you (are they understanding or processing verbal questions/commands)
  4. Are they able to answer simple questions
  5. Are they able to follow simple commands or directions
- I. Primary Violence Predictors
1. History of past violence
  2. Drug and alcohol abuse
  3. Serious mentally ill person who has become combative
- J. Tactical Considerations before arrival
1. Information from the reporting party
  2. Available weapons
  3. Location of the subject
  4. Previous calls for service
  5. Does the subject know the police are coming
  6. Is the subject under self control
- K. Tactical Considerations on arrival
- a. Assign officer responsibilities
  - b. Assign back-up officer
  - c. Control the scene
  - d. Communicate with family members as appropriate
- L. Prepare for Contingencies
- a. If it's working, keep doing it
  - b. Is Taser your only weapon?

### **Lesson 3.2 – De-escalation techniques (TACT)**

- A. Time spent dealing with persons with Disabilities. Disconnect in training versus actual calls for service
- B. Tone
1. It's not what you say, it's how you say it
  2. Calm, firm demeanor
  3. Negative remarks or threats by consumers
  4. Non-Confrontational
  5. Avoid impatience and/or condescension
  6. Patient, polite, truthful
  7. Encouragement
- C. Atmosphere
1. Reduce Distractions

2. Calm the scene, lower radios, disruptive people
3. Personal space is critical. Do not crowd. Increase space as needed.
4. Avoid touching if possible.

D. Communication

1. Use first names if possible
2. One officer to speak
3. Use calm, slow, firm voice
4. Use simple directions
5. Repeat your commands/requests as many times as necessary
6. Make sure the subject understands your directions
7. Build a sense of security

E. Problem Communication

1. Non-Responsive? Do not assume (or rush to act on the worst)...
2. Make sure to use 30-second evaluation
3. Do not argue with expressed delusions
4. Help subject to feel safe
5. Help subject to focus on your voice
6. Ask subject what the voices are saying

F. Time

1. Be willing to take the time needed to safely complete call
2. Time is needed to process information
3. Goal is Voluntary Compliance
4. Allows de-escalation and venting
5. Rushing can lead to unplanned and violent response
6. Allows officer to disengage, reassess, make plan

**Lesson 4.0 – Post-Test and Graduation**